

FIRE FIGHTER

BOARD OF FIRE AND POLICE COMMISSIONERS

POLICE OFFICER

APPLICANT _____

PERSONAL DATA QUESTIONNAIRE

APPLICANT _____

1. Name _____
last first middle
2. List any other names you have used or been known by (include maiden name) _____
3. Address _____
number & street city state zip code
4. Telephone number _____ / _____ 5. Business Telephone number _____ / _____
6. Driver's License number _____ State _____ 7. Social Security number _____ - _____ - _____
8. Date of Birth _____ / _____ / _____ Age _____ 9. Citizenship _____ US _____ Other _____
month - day - year

List former addresses in chronological order

10. Address _____
street number city state date
11. Address _____
street number city state date
12. Address _____
street number city state date
13. Address _____
street number city state date
14. Address _____
street number city state date

EDUCATION

15. CIRCLE HIGHEST GRADE COMPLETED
- GED CERTIFICATE HIGH SCHOOL COLLEGE 1 2 3 4 GRADUATE SCHOOL M.A. Ph.D. OTHER

List the various schools you have attended

- | Name and address of school
(include city and state) | Date(s) attended | Graduate | |
|--|------------------|----------|----|
| | | Yes | No |
| 16. High School _____ | | | |
| 17. College or University _____ | | | |
| _____ | | | |
| _____ | | | |
| 18. Trade Schools _____ | | | |
| _____ | | | |
19. How many college hours have you completed? _____ Semester _____ Quarter _____
20. What college degrees have you attained? _____
21. Major _____ Minor _____

MILITARY

22. Are you registered with the Selective Service? Yes _____ No _____
23. Branch of service _____ Date entered _____ Date discharged _____
 Rank at time of discharge _____ Type of discharge _____
24. Are you now or were you ever an active member of any branch of the U.S. Military Reserve Forces or National Guard Unit?
 Yes _____ No _____ Rank _____
25. Unit _____ From _____ to _____

NOTE: If additional space is needed you can use your own paper.

ARREST RECORD

"You are not required to include juvenile convictions or convictions that have been expunged or for which the records have been sealed."

26. Have you ever been convicted of a crime? Yes _____ No _____ If "Yes" explain below

Date	Police Agency	Offense	Disposition of case

27. List all traffic citations you have received.

Location (city-state)	Approximate date	Violation	Disposition

EMPLOYMENT

List ALL jobs you have held. Include periods of unemployment.

Put your present or most recent job first. Include military service in proper time sequence along with temporary or part-time jobs. You can use your own paper if extra space is needed.

28. Employer's name _____ Phone _____

Address _____
street number city state zip code

Job description _____ Do you object to our contacting them? Yes _____ No _____

Employed _____ to _____
month year month year Salary _____ per _____

29. Employer's name _____ Phone _____

Address _____
street number city state zip code

Job description _____ Reason for leaving _____

Employed _____ to _____
month year month year Salary _____ per _____

30. Employer's name _____ Phone _____

Address _____
street number city state zip code

Job description _____ Reason for leaving _____

Employed _____ to _____
month year month year Salary _____ per _____

31. Employer's name _____ Phone _____

Address _____
street number city state zip code

Job description _____ Reason for leaving _____

Employed _____ to _____
month year month year Salary _____ per _____

32. Employer's name _____ Phone _____

Address _____
street number city state zip code

Job description _____ Reason for leaving _____

Employed _____ to _____
month year month year Salary _____ per _____

33. Employer's name _____ Phone _____

Address _____
street number city state zip code

Job description _____ Reason for leaving _____

Employed _____ to _____
month year month year Salary _____ per _____

Name _____

REFERENCES

Fill in below the names of three adults not related to you and not former employers, who have known you for a period, preferably more than three years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

34. Name _____ Address _____ Phone _____

Business Address _____ Business Phone _____

35. Name _____ Address _____ Phone _____

Business Address _____ Business Phone _____

36. Name _____ Address _____ Phone _____

Business Address _____ Business Phone _____

37. List organizations of which you are a member that relate to the position you are applying for.

NAME

ADDRESS

38. **EXPLAIN YOUR REASONS FOR WANTING TO BECOME A POLICE OFFICER OR FIRE FIGHTER**

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS QUESTIONNAIRE, AND ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date: _____ DAY OF _____, 2 _____.

SIGNATURE IN FULL

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job-related experience and other qualifications will be considered without discrimination on grounds of race, color, religion, sex, national origin, age, or disability. All information provided in this application will be treated confidentially, and will be used only to help assure the best use of your abilities if you are employed by us.

Name _____

ROCKFORD POLICE DEPARTMENT – PERSONAL HISTORY STATEMENT

Name: _____ Date: _____

APPLICATIONS TO OTHER POLICE AGENCIES

39. List all police agencies with which you have applied for employment

In the columns below, list the following information: Use additional pages if necessary

- A. Name of the police agency, including city and state
- B. Approximate date(s) of each testing cycle you applied for each agency.
- C. Is the testing still in progress?
- D. Are you on this agency's eligibility list (YES/NO). If you were on a list that is now expired, state so.
- E. If you failed any portion of the testing process, indicate which portion you failed. Additionally, if you were dropped from further consideration after a certain portion of the testing, list at what point you were dropped.

A. Agency	B. Date	C. Still in Progress?	D. On List?	E. Failed What? Dropped Where?



RELEASE OF RECORDS AND INFORMATION

NAME _____ DOB _____ SS# _____

I, _____, hereby authorize and request that you release and furnish to any duly authorized agent, officer, or employee of the City of Rockford, any and all records, documents, or information you have in your possession or control pertaining to my: employment, credit record, education, medical history, military record, and/or criminal history.

This release is executed for the official use by the City of Rockford of these records or information. You are requested not to furnish such information to any other person or organization without written authorization from me.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Rockford _____ Department. I understand that all materials pertaining to this background investigation become the property of the City of Rockford and will not be returned or released to me. I further understand that sources of confidential information cannot be revealed to me.

I hereby release any person or persons, providing or receiving such information from any and all liability for damages of whatever kind resulting to me, my heirs, or assigns.

A photocopy of the Authorization shall be valid as the original.

Dated this _____ day of _____, year _____

Signature

***** MUST BE SIGNED IN THE PRESENCE OF A NOTARY *****

Subscribed and sworn to before me this _____ day of _____, year _____

Notary Public